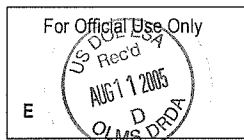


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5909</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Mark F Chenchar P.O. Box, Bldg., Room No., if any Street 1620 Central Ave. Room 203 City Cheyenne State Wyoming ZIP Code + 4 82001	4. Name, file number, and address of labor organization. Name Brotherhood of Locomotive Engineers and Trainm Labor Organization File Number 008-327 P.O. Box, Building and Room Number, if any Street 1620 Central Ave. Room 203 City Cheyenne State Wyoming ZIP Code + 4 82001
5. Position in labor organization. First Vice General Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Mark Chenchar</u>	On <u>08/05/2005</u> Date	<u>307.635.6736</u> Telephone Number

Name of Person Filing Mark Chenchar	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	<input type="checkbox"/> a. Labor Organization
State ZIP Code + 4	<input type="checkbox"/> b. Trust
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	11.b. Approximate dollar value of such dealing.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	12.a. Nature of interest held or income received.
Street	12.b. Amount.
City	
State ZIP Code + 4	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Designated Legal Counsel-BLET	April 12, 2004 - Reception for annual WGCA meeting.
Trade Name, if any:	April 14, 2004 - Dinner/Banquet sponsored by DLC. Cost may have exceeded \$25.00/plate.
P.O. Box, Bldg., Room No., if any	14.b. Amount of payment.
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing Mark Chenchar

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Designated Legal Counsel-BLET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

General Committee meeting - Las Vegas
August 1, 2004 Las Vegas - Reception BLET DLC
August 2, 2004 Las Vegas - Dinner/Banquet DLC
Estimate that both group functions may have exceeded \$25.00 per person.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Designated Legal Counsel-BLET

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

August 3, 2004 Las Vegas - General Committee meeting. Group buffett dinner. May have exceeded \$25.00 per person.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Schlichter, Bogart and Denton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 900

Street 100 South 4th St.

City St. Louis

State Missouri ZIP Code + 4 63102

14.a. Nature of payment.

August 5, 2004 Las Vegas General Committee meeting. Group dinner at Battistas Restaurant may have exceeded \$25.00 per person.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

Name of Person Filing Mark Chenchar

File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Rathmann and O'Brien

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1031 Lami St.

City St. Louis

State Missouri ZIP Code + 4 63104

14.a. Nature of payment.

April 15, 2004 Western General Chairman's Association meeting. Group dinner for BLET representatives, may have exceeded \$25.00 per person.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.